

CASE SCREENING FACTOR(S)		REPORT OF: BATTERY		INVEST DIV. INC. # 1903900221		DR # 1901	
☐ SUSPECT VEHICLE NOT SEEN ☐ PRINTS OR OTHER EVIDENCE NOT PRESENT ☐ MO NOT DISTINCT ☐ PROPERTY LOSS LESS THAN \$5,000 ☐ NO SERIOUS INJURY TO VICTIM ☒ ONLY ONE VICTIM INVOLVED		VICTIM		LAST NAME, FIRST, MIDDLE (OR NAME OF BUSINESS): ZAZZETA, EVAN SEX: M HT: 506 WT: 140 AGE: 30 DOB: 12/16/80 ADDRESS: R- 3559 BEECHWOOD AVE LYNNWOOD 90262 ZIP: 90262 PHONE: 442-6321 B- 2649 BRADJAMINGTON PL LA 90021 E-MAIL ADDRESS: _____ CELL PHONE: 323-748-6321		DR. LIC. NO. (IF NONE, OTHER ID & NO.): D1969557 FOREIGN LANGUAGE SPOKEN: _____ OCCUPATION: MAINT LABORER	
PREMISES (SPECIFIC TYPE) ☐ ATM STREET		ENTRY 459 BFV POINT OF ENTRY		POINT OF EXIT		LOCATION OF OCCURRENCE	
☐ FRONT ☐ REAR ☐ SIDE ☐ ROOF ☐ FLOOR ☐ OTHER		METHOD		DATE & TIME OF OCCURRENCE		DATE & TIME REPORTED TO PD	
INSTRUMENT TOOL USED		TYPE PROPERTY STOLEN/LOST/DAMAGED		03.04.00 GIVEN		STOLEN/LOST	
				\$		\$	
VICT'S VEH. (IF INVOLVED) YEAR, MAKE, TYPE, COLOR, LIC. NO.		NOTIFICATION(S) (PERSON & DIVISION)		CONNECTED REPORT(S) (TYPE & DR #)			
MO IF LONG FORM LIST UNIQUE ACTIONS. IF SHORT FORM DESCRIBE SUSPECT'S ACTIONS IN BRIEF PHRASES, INCLUDING WEAPON USED. DO NOT REPEAT ABOVE INFO BUT CLARIFY REPORT AS NECESSARY. IF ANY OF THE MISSING ITEMS ARE POTENTIALLY IDENTIFIABLE, ITEMIZE AND DESCRIBE ALL ITEMS MISSING IN THIS INCIDENT IN THE NARRATIVE.							
VICT IS A CITY TRASH COLLECTOR ON DUTY. SUSP CALLED VICT IN CONVERSATION. SUSP PUNCHED VICT NUMEROUS TIMES AS HE SAT IN CITY VEH.							
TRANSIT-RELATED INCIDENT		MANDATORY MARSY'S RIGHTS CARD PROVIDED TO THE VICTIM		MOTIVATED BY HATRED/PREJUDICE		DOMESTIC VIOLENCE	
REPORTING EMPLOYEE(S)		INITIALS, LAST NAME		SERIAL NO.		DIV. DETAIL	
		J NAVARRO		31527		CON	
		D PRUDE		34814		145	
PERSON REPORTING		SIGNATURE		OR RECEIVED BY PHONE			
NOTE IF SHORT FORM AND VICTIM-PR ARE NOT THE SAME, ENTER PR INFORMATION IN INVOLVED PERSONS SECTION							

THIS REPORT DOES NOT CONSTITUTE VALID IDENTIFICATION**KEEP THIS REPORT FOR REFERENCE. INSTRUCCIONES EN ESPANOL AL REVERSO.**

Your case will be assigned to a detective for follow-up investigation based upon specific facts obtained during the initial investigation. Studies have shown that the presence of these facts can predict whether a detailed follow-up investigation would likely result in the arrest and prosecution of the suspect(s) or the recovery of property, in a manner that is cost-effective to you, the taxpayer. Significant decreases in personnel have made it impossible for detectives to personally discuss each and every case with all crime victims. A detective will not routinely contact you, unless the detective requires additional information.

TO REPORT ADDITIONAL INFORMATION: If you have specific facts to provide which might assist in the investigation of your case, please contact the detective Monday through Friday, between 8:00 A.M. and 9:30 A.M., or between 2:30 P.M. and 4:00 P.M. at telephone number _____. If the detective is not available when you call, please leave a message and include the telephone number where you can be reached.

COPY OF REPORT: If you wish to purchase a copy of the complete report, phone (213) 486-8130 to obtain the purchase price. Send a check or money order payable to the Los Angeles Police Department to Records and Identification Division, Box 30158, Los Angeles, CA 90030. Include a copy of this report or the following information with your request: 1) Name and address of victims; 2) Type of report and DR number (if listed above); 3) Date and location of occurrence. NOTE: Requests not accompanied by proper payment will not be processed.

DR NUMBER: If not entered on this form, the DR number may be obtained by writing to Records and Identification Division and giving the information needed to obtain a copy of the report (see above paragraph). Specify that you only want the DR number. It will be forwarded without delay. There is no charge for this service.

CREDIT CARDS/CHECKS: Immediately notify concerned credit corporation or banks to avoid possibility of being liable for someone else using your stolen or lost credit card or check.

HOW YOU CAN HELP THE INVESTIGATION OF YOUR CASE:

- * Keep this memo for reference.
- * If stolen items have serial numbers not available at time of report, attempt to locate them and phone them to the detective at the listed number.
- * If you discover additional losses, complete and mail in the Supplemental Property Loss form given to you by the reporting employee.
- * Promptly report recovery of property.
- * Promptly report additional information such as a neighbor informing you of suspicious activity at time crime occurred.

VICTIM-WITNESS ASSISTANCE PROGRAM: The Los Angeles City and County Victim-Witness Assistance Program (VWAP) can help to determine if you qualify for Victim of Violent Crime compensation. If you qualify, they will assist with filling your claim application. If you are a victim or a witness to a crime and will be going to court, they will explain the court procedures to you. Their staff may also assist you with other problems created by the crime.

To find the program location nearest to you, call the Victim-Witness Assistance Program at the Los Angeles City Attorney's Office (213) 485-6976, or the Los Angeles County District Attorney's Office (800) 380-3811.

VICTIMS OF VIOLENT CRIME COMPENSATION: Refer to paragraph at bottom of reverse side.

State of California EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS		Please complete in triplicate (type is possible). Mail two copies to: CITY OF LOS ANGELES PERSONNEL DEPARTMENT 700 EAST TEMPLE STREET, ROOM 210 LOS ANGELES, CA., 90012				OSHA CASE N FATALITY ☐	
Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers compensation benefits or payments is guilty of a felony.		California law requires employers to report within five days of knowledge every occupational injury or illness which results in lost time beyond the date of the incident OR requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within five days of knowledge an amended report indicating death. In addition, every serious injury, illness, or death must be reported immediately by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.					
EMPLOYER	1. FIRM NAME City of Los Angeles - Public Works/Sanitation				1a. Policy Number		Please do not use this column ☐ CASE NUMBER OWNERSHIP INDUSTRY OCCUPATION SEX AGE DAILY HOURS DAYS PER WEEK WEEKLY HOURS WEEKLY WAGE COUNTY NATURE OF INJURY PART OF BODY SOURCE EVENT SECONDARY SOURCE EXTENT OF INJURY Date(mm/dd/yy)
	2. MAILING ADDRESS (Number, Street, City, Zip) 2649 E. Washington Blvd, Los Angeles, Ca., 90021				2a. Phone Number (213) 473-7400		
	3. LOCATION if different from Mailing Address (Number, Street, City and Zip) Same				3a. Location Code		
	4. NATURE OF BUSINESS; e.g., Painting contractor, wholesale grocer, sawmill, hotel. Sanitation #300 Solid Resources South Collection				5. State unemployment insurance acct. n		
INJURY	6. TYPE OF EMPLOYER ☐ Private ☐ State ☐ County ☒ City ☐ School District ☐ Other Gov't, Specify:						
	7. DATE OF INJURY / ONSET OF ILLNESS(mm/dd/yy) 3/19/2019		8. TIME INJURY/ILLNESS OCCURRED 10:50 AM		9. TIME EMPLOYEE BEGAN WORK 6:00 AM		
	11. UNABLE TO WORK FOR AT LEAST ONE FULL DAY AFTER DATE OF INJURY? ☐ Yes ☐ No		12. DATE LAST WORKED (mm/dd/yy) 3/19/2019		13. DATE RETURNED TO WORK(mm/dd/yy)		
	15. PAID FULL WAGES FOR DATE OF INJURY OR LAST DAY WORKED? ☒ Yes ☐ No		16. SALARY BEING CONTINUED? ☒ Yes ☐ No		17. DATE OF EMPLOYER'S KNOWLEDGE / NOTICE OF INJURY/ILLNESS (mm/dd/yy) 3/19/2019		
ILLNESS	19. SPECIFIC INJURY/ILLNESS AND BODY PART AFFECTED; MEDICAL DIAGNOSIS if available, e.g. Second degree burns on right arm, tendonitis on left elbow, lead poisoning Attacked By Consituent To Forehead						
	20. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Number, Street, City, Zip) 908-914 E 7th St, s Angeles 90032			20a. COUNTY Los Angeles		21. ON EMPLOYER'S PREMISES? ☐ Yes ☒ No	
	22. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g., Shipping department, machine sh Public Works/Sanitation			23. Other Workers injured or ill in this event? ☐ Yes ☒ No			
	24. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, e.g., Acetylene, welding torch, farm tractor, scaffold 36938 -						
EMPLOYEE	25. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, e.g., Welding seams of metal forms, loading boxes onto truck. Consituant Ambushed Employee While Collecting Wire Basket						
	26. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS. SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURY/ILLNESS, e.g., Worker stepped back to inspect work and slipped on scrap material. As he fell, he brushed against fresh weld, and burned right hand. USE SEPARATE SHEET IF Ivan had just finished emptying a wirebasket, as he was walking back to his vehicle (Passenger side). A individual struck him on the right side of his head.						
	27. Name and address of physician(number, street, city, zip) Good Samaritan Hospital 1225 Wilshire Blvd, Los Angeles, Ca. ,90017, 90017				27a. Phone Number (213) 977-2121		
	28. Hospitalized as an inpatient overnight? ☐ Yes ☐ No If yes, then, name and address of hospital(number, street, city, zip)				28a. Phone Number		
29. Employee treated in emergency room? ☐ Yes ☐ No							
ATTENTION This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14300.29 (b)(8)-(10) 14300.35(b)(2)(E)2. Note: Shaded boxes indicate confidential employee information as listed in CCR Title 8 14300.35(b)(2)(E)2.							
EMPLOYEE	30. EMPLOYEE NAME Ivan Zazueta			31. EMPLOYEE ID 381682		32. DATE OF BIRTH(mm/dd/yy) 12/16/1980	
	33. HOME ADDRESS(number, street, city, zip) 3539 Beechwood Avenue, Lynwood, 90262			33a. Phone Number (323) 448-6321			
	34. SEX ☐ MALE ☐ FEMALE		35. OCCUPATION (Regular job title, NO initials, abbreviations or numbers) Maintenance Laborer/exempt		36. DATE OF HIRE(mm/dd/yy) 10/3/2016		
	37. EMPLOYEE USUALLY WORKS Eight hours per day, Five days per week, 40 total weekly hours			37a. EMPLOYMENT STATUS ☐ regular, full-time ☐ part-time ☒ temporary ☐ seasonal		37b. UNDER WHAT CLASS CODE OF YOUR POLICY WHERE WAGES ASSIGNED 3112-7	
38. GROSS WAGES/SALARY \$3,533.94 per Month			39. OTHER PAYMENTS NOT REPORTED AS WAGES/SALARY (e.g. tips, meals, overtime, bonuses, etc.)? ☐ Yes ☒ No				
Completed By (type or print) Angel Ibarra			Signature And Title				
Confidential information may be disclosed only to the employee, former employee, or their personal representative (CCR Title 8 14300.35), to others for the purpose of processing a workers' compensation or other insurance claim, and under certain circumstances to a public health or law enforcement agency or to a consultant hired by the employer (CCR Title 8 14300.30). CCR Title 8 14300.40 requires provision upon request to certain state and federal workplace safety agencies.							



WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL
TRABAJADOR (DWC 1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included as the cover sheet of this form.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la División de Compensación al Trabajador al (800) 736-7401 para oír información grabada. En la hoja cubierta de esta forma esta la explicación de los beneficios de compensación al trabajador.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonía".

Employee—complete this section and see note above

Empleado—complete esta sección y note la notación arriba.

1. Name, Nombre, Zazueta, Ivan Today's Date, Fecha de Hoy, 21-Mar-19
2. Home Address, Dirección Residencial, 3539 Beechwood Avenue
3. City, Ciudad, Lynwood State, Estado, California Zip, Código Postal, 90262
4. Date of Injury, Fecha de la lesión (accidente), 3/19/2019 Time of Injury, Hora en que ocurrió, 10:50 a.m. _____ p.m.
5. Address and description of where injury happened, Dirección/lugar dónde ocurrió el accidente: 908-914 E 7th St
s Angeles 90032
6. Describe injury and part of body affected. Describa la lesión y parte del cuerpo afectada.
Constituent Was Irrate to Forehead while Consituant Ambushed Employee While Collecting Wire Basket
7. Social Security Number, Número de Seguro Social del Empleado, _____
8. Signature of employee, Firma del empleado, _____

Employer—complete this section and see note below. Empleador—complete esta sección y note la notación abajo.

9. Name of employer, Nombre del empleador, City of Los Angeles
10. Address, Dirección, _____
11. Date employer first knew of injury, Fecha en que el empleador supo por primera vez de la lesión o accidente, 3/19/2019
12. Date claim form was provided to employee, Fecha en que se le entregó al empleado la petición, 3/21/2019
13. Date employer received claim form, Fecha en que el empleado devolvió la petición al empleador, 3/21/2019
14. Name and address of insurance carrier or adjusting agency, Nombre y dirección de la compañía de seguros o agencia administradora de seguros.
City of Los Angeles, 700 East Temple Street, Room 210, Los Angeles, CA 90012
15. Insurance Policy Number, El número de la póliza de Seguro, Self-Insured
16. Signature of employer representative, Firma del representante del empleador, _____
17. Title, Título, _____ 18. Telephone, Teléfono, (213) 473-7400

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employee.

Empleador: Se requiere que Ud. feche esta forma y que provée copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de un día hábil desde el momento de haber sido recibida la forma del empleado.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

☐ Employer copy/Copia del Empleador

☐ Employee copy/Copia del Empleado

☐ Claims Administrator/Administrador de Reclamos

☐ Temporary Receipt/Recibo del Empleado



Employee Injury Report Worksheet



- Employee Name IVAN ZAVSETA - 2 AZUETA
- Part of Body: RIGHT SIDE OF FACE & FRONT RIGHT SIDE OF FACE
- Describe Injury: BRUISED RIGHT SIDE OF FOREHEAD,
(Strain, Cut, Fracture, Skin Rash, Irritation, etc.)
- Object That Caused Injury: FIST
(What object or substance caused injury, i.e. truck, vapor inhaled, oil, vehicle part, insect)
- What Were You Doing When Injured: COLLECTING WASTE
(What action were you performing with injured)

6. Vehicle # 36938 And Collection Type

- ☒ Automated ☐ Semi-Automated ☐ Rear Loader ☐ Front Loader ☐ Car
☐ Van ☐ Suburban ☐ Pickup ☐ Dead Animal Collection

AMBASSADOR TRUCK

- Address Where Injury Occurred: 908 914 E 7TH ST.
- City Where Injury Occurred: LOS ANGELES
- Witnesses SARAH ENCISO
- Safety Equip GLOVES, SAFETY VEST, WORK BOOTS.
(If not used put "Not Available" or "Not Required" or "Defective" or "Not Used")

Occured On Duty?

☒ Yes ☐ No

On Employee Premises?

☐ Yes ☒ No

Injury Date?

Date 3/19/19 at 10:50 am/pm

First Reported?

Date 3/19/19 at 50 : am/pm

- Describe what happened (Please be detailed) IVAN HAD JUST FINISHED EMPTYING A WASTE BIN, HE WAS WALKING BACK TO HIS VEHICLE (PASSENGER SIDE). A INDIVIDUAL STRUCK HIM ON THE RIGHT SIDE OF HIS HEAD.

Name: Zazueta, Ivan
Age: 38Y DOB: Dec 16, 1980
Gender: M Wt: 68.04 kg Ht: 165.10 cm
MedRec: M001450171
AcctNum: V00020339057
Attending: CWMD
Primary RN: ESCT
Bed: ED INT INTB

GOOD SAMARITAN HOSPITAL DISCHARGE INSTRUCTIONS

The examination and treatment you received in the Emergency Department has been rendered on an emergency basis. It is not intended to be a substitute for comprehensive medical attention.

Diagnostic Tests: If you had x-ray and/or cardiology testing, your results have been interpreted on a preliminary basis. A final consultation and review by the radiologist/cardiologist will be performed. If a change in your treatment is indicated, either you or your private physician will be notified.

Medications: Take your medications as directed. If you have any adverse reaction(s) to any of the prescribed medications, please notify us or your private physician.

General Follow Up: Follow up treatment by a physician or healthcare provider may be important for your health and safety. If you need help finding a physician, please call our physician referral line at 1-800-472-2737. You will then have to check with your individual health plan to see if these physician are included on your network provider list. You are urged to carefully follow the discharge instructions that were given to you. If performed, copies of your diagnostic test results have been given to you. Pending results are available to you or your healthcare provider by calling the hospital's Health Information Management Department (213.977.2100)

FINAL DIAGNOSIS

Head injury

TREATED BY:

Attending Physician - Washington, MD, Courtney; NP/PA - Ho Ngo, PA, Lennie

FOLLOWUP CONTACTS

NO,

Primary, Care Doctor

SPECIAL INSTRUCTIONS

Take Tylenol or ibuprofen as needed for pain.

Rest

Follow-up with primary care physician in 2-5 days.

Return to emergency room any worsening symptoms including worsening headache, that is also associated with nausea and vomiting, dizziness, confusion, blurry vision, weakness any abnormal symptoms.

MEDICAL INSTRUCTIONS

HEAD INJURY, ADULT

Head Injury, Adult

Name: Zazueta, Ivan
Age: 38Y **DOB:** Dec 16, 1980
Gender: M **Wt:** 68.04 kg **Ht:** 165.10 cm
MedRec: M001450171
AcctNum: V00020339057
Attending: CWMD
Primary RN: ESCT
Bed: ED INT INTB

GOOD SAMARITAN HOSPITAL DISCHARGE INSTRUCTIONS

You have received a head injury. It does not appear serious at this time. Headaches and vomiting are common following head injury. It should be easy to awaken from sleeping. Sometimes it is necessary for you to stay in the emergency department for a while for observation. Sometimes admission to the hospital may be needed. After injuries such as yours, most problems occur within the first 24 hours, but side effects may occur up to 7a "10 days after the injury. It is important for you to carefully monitor your condition and contact your health care provider or seek immediate medical care if there is a change in your condition.

WHAT ARE THE TYPES OF HEAD INJURIES?

Head injuries can be as minor as a bump. Some head injuries can be more severe. More severe head injuries include:

- > A jarring injury to the brain (concussion).
- > A bruise of the brain (contusion). This means there is bleeding in the brain that can cause swelling.
- > A cracked skull (skull fracture).
- > Bleeding in the brain that collects, clots, and forms a bump (hematoma).

WHAT CAUSES A HEAD INJURY?

A serious head injury is most likely to happen to someone who is in a car wreck and is not wearing a seat belt. Other causes of major head injuries include bicycle or motorcycle accidents, sports injuries, and falls.

HOW ARE HEAD INJURIES DIAGNOSED?

A complete history of the event leading to the injury and your current symptoms will be helpful in diagnosing head injuries. Many times, pictures of the brain, such as CT or MRI are needed to see the extent of the injury. Often, an overnight hospital stay is necessary for observation.

WHEN SHOULD I SEEK IMMEDIATE MEDICAL CARE?

You should get help right away if:

- > You have confusion or drowsiness.
- > You feel sick to your stomach (nauseous) or have continued, forceful vomiting.
- > You have dizziness or unsteadiness that is getting worse.
- > You have severe, continued headaches not relieved by medicine. Only take over-the-counter or prescription medicines for pain, fever, or discomfort as directed by your health care provider.
- > You do not have normal function of the arms or legs or are unable to walk.
- > You notice changes in the black spots in the center of the colored part of your eye (pupil).
- > You have a clear or bloody fluid coming from your nose or ears.
- > You have a loss of vision.

During the next 24 hours after the injury, you must stay with someone who can watch you for the warning signs. This person should contact local emergency services (911 in the U.S.) if you have seizures, you become unconscious, or you are unable to wake up.

HOW CAN I PREVENT A HEAD INJURY IN THE FUTURE?

The most important factor for preventing major head injuries is avoiding motor vehicle accidents. A To minimize

Name: Zazueta, Ivan
Age: 38Y **DOB:** Dec 16, 1980
Gender: M **Wt:** 68.04 kg **Ht:** 165.10 cm
MedRec: M001450171
AcctNum: V00020339057
Attending: CWMD
Primary RN: ESCT
Bed: ED INT INTB

GOOD SAMARITAN HOSPITAL DISCHARGE INSTRUCTIONS

the potential for damage to your head, it is crucial to wear seat belts while riding in motor vehicles. Wearing helmets while bike riding and playing collision sports (like football) is also helpful. Also, avoiding dangerous activities around the house will further help reduce your risk of head injury.

WHEN CAN I RETURN TO NORMAL ACTIVITIES AND ATHLETICS?

You should be reevaluated by your health care provider before returning to these activities. If you have any of the following symptoms, you should not return to activities or contact sports until 1 week after the symptoms have stopped:

- > Persistent headache.
- > Dizziness or vertigo.
- > Poor attention and concentration.
- > Confusion.
- > Memory problems.
- > Nausea or vomiting.
- > Fatigue or tire easily.
- > Irritability.
- > Intolerant of bright lights or loud noises.
- > Anxiety or depression.
- > Disturbed sleep.

MAKE SURE YOU:

- > Understand these instructions.
- > Will watch your condition.
- > Will get help right away if you are not doing well or get worse.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 12/18/2006 Document Revised: 01/08/2016 Document Reviewed: 08/25/2014
Elsevier Interactive Patient Education A©2016 Elsevier Inc.

I have read and understand the discharge instructions that have been reviewed with me. I have received a referral for follow up care and have been provided with a record of my ED visit. I will call my private physician or return to an emergency department if my condition does not improve or gets worse.

Good Samaritan Hospital
Emergency Department (213.977.2423)

Statement Ivan Zazueta

On Tuesday, March 19, 2019 I received a call from Sara Enciso at 10:49am, she informed me that her partner Ivan Zazueta had just been assaulted and injured at the southeast corner of 7th & Stanford. I contacted LAPD immediately, LAPD arrived at 1110am. I arrived at 1115am. I checked for injuries and noticed Ivan had bruising to his forehead and right side of head and face. LAFD was contacted and Ivan was transported to Good Samaritan Hospital, 1225 Wilshire Blvd, Los Angeles, CA 90017 at 1140am. He was in stable condition. I accompanied him to the hospital. He was sent for observation. I checked for witnesses and found 1 (Sara Enciso). She stated to me that Ivan was emptying a wire basket when a transient confronted him. The individual blindsided him and then proceeded to assault him. I met Ivan at the emergency room and completed my investigation. Ivan was released from hospital at 2pm.